

CCF-1

SWSS Medical MODULE

July 26, 2005

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SWSS Project
USER REQUIREMENTS

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1 INTRODUCTION

1.1 Purpose

The purpose of this User Requirements' document is to describe the information and processes currently supported in the Juvenile Justice Online Technology (JJOLT) system for health care or medical services.

Health care services must be provided to all youth in facilities as required by State law. Health care services include maintenance services (minor illness and injury, chronic illness, preventive services, safety and environmental health etc.) handled on-site within the respective facilities; health improvement services (as determined by responsible physician); and health crisis services (serious injury or illness) that may be available on-site and/or may require a local physician/clinic visit or emergency services at a nearby hospital.

This module complies with the Social Welfare Act, MCL 400.1 et seq., the Youth Rehabilitation Services Act, MCL 803.301 et seq., and the DHS Rules for Child Caring Institutions.

1.2 Target Audience

This module will be used primarily by residential facility medical staff or contracted medical staff. Medical information regarding current health needs, psychological/psychiatric testing, immunizations, medication being dispensed and approvals required for testing and medications are also recorded.

The following personnel may also be interested:

- CWI Trainers
- DHS help Desk personnel
- SWSS advance users
- Zone Children's Services Specialist
- CFS Policy Staff
- Bureau of Juvenile Justice Policy Staff
- BJJ Residential Staff
- Juvenile Justice residential trainers
- Private Agencies

- Detention Facility Staff
- Court Probation Staff
- Licensing Staff
- US Department of Justice

1.3 Approval Process and Signatures

There will be a formal approval process. The following key functional area experts, policy staff, and DIT and DHS management are asked to approve the definition of this function by their signature and date.

Jeffrey Wenzel, Maxey Clinical Services/DOJ Compliance
 Jeff Meaton, BJJ Residential Policy Analyst
 Gwendolyn Dobrowolski, Field Policy Analyst
 Joe Jerome, BJJ Quality Assurance
 Mary Jenkins, Analyst for Program Coordination and Support
 Mary Somma, Foster Care Policy Analyst
 Mary Chaliman, Foster Care Program Manager
 Mary Ann Jensen, Child & Family Services Consultant
 Merry Perkins, Juvenile Justice Information Unit
 Alice Leininger, DIT
 Kurt Warner, BJJ Fiscal & Technology Director
 Carol Brooks, BJJ Education, Policy and Assignment Director
 Mary Mehrens, Director, Child Protective Services and Foster Care
 Vicki Weller, DIT
 Daniel Klodt, DIT

Final or executive sign off required from:

Leonard Dixon, BJJ Director
 Pratin Trevidi, Fiscal/Project Services
 Jim Nye, Deputy Director Field Operations
 James Hennessey, Deputy Director Children's Services
 Nancy Presocki, DIT

Lynn Draschil, Chief Information Officer, DIT/DHS

Laura Champagne, Chief Deputy Director Department of Human Services

2 MODULE NARRATIVE

All youth placed in residential treatment facilities and/or short term institutions (detention) have a right to high quality health care. The Health Services Delivery system may include dental services, first aid, drug screening of youth for legal purposes, HIV testing and counseling, minor emergency services, physicals, OB GYN services, medication dispensation and tracking, mental health services including counseling and drug therapy, psychological testing, substance abuse counseling, routine non-surgical medical care, etc.

A complete health record shall be kept for each juvenile to accurately document all health care services provided to the youth within a facility throughout the period of residency. These records shall be retained after a youth is released for a period of time sufficient to allow treatment continuity and to satisfy legal needs. Copies of medical information may be made available to the Treatment Team (group leaders, program managers, clinical social workers, Juvenile Justice Specialists, etc.) on a need to know basis.

Short term institutions (detention) will provide first aid, drug screening, physicals, medication dispensation if required and all court ordered testing related to mental health needs, substance abuse etc. Youth in detention facilities may not reside in the facility long enough to request prior medical records and compile complete medical records for an individual youth.

The following Medical Information needs to be saved electronically

- Medical Exam or screening
- Review of psychotropic medications and related lab work
- Medication tracking and reviews
- Immunization tracking
- Drug screen results
- Emergency response
- Date of Parental consent form for medical treatment
- Date of Parental consent form for medication
- Medical/mental health discharge
- Clinical case notes
- Clinical test results
- Pregnancy tests, due dates, if needed

- Release of information forms
- Clinical Case/progress notes
- Psychiatric and/or psychological testing/reports
- Dental exam tracking
- Place, time and date of office/clinic calls
- Signature and credentials/title of person signing documents that require signatures
- Dates records, signatures requested and follow up dates

Medical records shall be confidential and secure, and shall be safeguarded against loss, defacement, tampering and use by unauthorized persons. Staff shall not discuss any information in medical records with anyone not directly involved in the therapeutic care, treatment, detention or monitoring of the quality of care.

HIV Records and Confidentiality

Records pertaining to HIV counseling and testing are not to be shared with non-health care staff with the exception of facility directors. Records are to be kept separate from other medical records. Testing results may be shared with other health care providers in order to (a) protect the health of an individual, (b) prevent further transmission of the disease, or (c) assist in diagnosis and care for patient. The confidentiality of test results extends to parents; however youth should be encouraged to inform their parents/guardians of positive test results.

Information related to HIV records to be recorded electronically and access strictly limited to are:

- Pre-test counseling offered and date offered
- HIV test administered (yes/no) and date tested
- If positive, was Department of Community Health notified (Y/N) and date
- Post testing counseling offered and date offered
- Medical staff name and date

Medical Evaluation

- An initial health screening shall be performed immediately upon arrival at any facility by personnel trained in evaluating youth for health conditions which require immediate attention and/or which could pose a serious health risk to other youth.
- Youth placed in a residential facility, age group 12-17, may be assessed by the MAYSII instrument to determine possible risk of suicide in conjunction with other screening instruments

- Complete health evaluation (including medical history and a physical exam) shall be performed by licensed medical professional within 7 days of admission
- Medical history must include illness (past and present), drug and environmental allergies, alcohol and other drug use including last use, amount and manner of use, immunization information, psychiatric history including suicide history and sexual history.
- All medications currently being taken are to be listed, including dosages, reason for medication and time period remaining on prescription
- For females, include a history of gynecological problems, pregnancies and date of last menstrual period.
 - Sexually active females shall undergo pregnancy testing
 - Pregnant youth shall undergo testing for Hepatitis B and be offered HIV testing/counseling
- Youth with a history of IV Drug use will be offered HIV testing and counseling
- Annual physicals are to be conducted on all youth. An annual physical, at minimum, shall include height, weight, blood pressure, TB skin testing and evaluation of any active problems.
 - Dental and eye examinations may be completed with referrals for hearing test as needed.
 - Dental examination should be completed within 90 days of admission and annually thereafter
 - If immunization records are not available within 30 days of admission, immunizations should be given for DPT, Tetanus, Polio, Hepatitis B and MMR.
 - Annual physicals, dental exams and eye exams should be tracked for compliance

Psychotropic Medications

- Defined as any medication that is prescribed to improve or stabilize mood, mental status or behavior
- Medications are categorized as:
 - Anti-depressants (i.e. Elavil, Paxil)
 - Anti-mania (i.e. Lithium)
 - Anti-anxiety (i.e. Ativan, Buspar)
 - Anti-psychotics/neuroleptics (i.e. Haldol, Risperdol)
 - Stimulants (i.e. amphetamines)
 - Sedatives (i.e. Restoril, Chloral Hydrate)
- Written consent of parent/guardian is required prior to start of any new medication and must be discontinued upon written notice of parent/guardian unless abrupt ending medication will pose a health hazard to the youth
 - Except if youth is age 18 or older, then youth consent is required
- Must record date consent requested from parent
 - If not received within 14 days, date second request consent requested from parent

- If not received within 14 days, date JJS or probation officer asked court to provide consent for medication

Routine Medical complaints

- Health complaints are to be documented and processed daily by onsite medical/health staff. This information may not be formally recorded as complaint but instead be listed as an office visit with notes
- Serious illness or injury is to be reported to appropriate medical staff right away
- Ob GYN visits are documented

Medical Passport

- Youth with a Foster Care worker or JJS worker may have Medical Passport information within SWSS. Some medical record information may update the SWSS records

Detoxification

- Youth undergoing withdrawal with abnormal vital signs shall be transferred to a hospital or community detoxification center
- Youth under the influence of drugs/alcohol shall be under constant observation by trained staff

The Medical Module fulfills:

- This module complies with the Social Welfare Act, MCL 400.1 et seq., the Youth Rehabilitation Services Act, MCL 803.301 et seq., and the DHS Rules for Child Caring Institutions.
- Complies with Department of Justice recommendations
- DHS residential contract requirements for maintenance of medical information for private child caring institutions

3 NAVIGATION FLOW

3.1 Screen Interaction

3.2 System Flow

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A history of the child's medical and health services information previously entered, including immunizations, must be displayed. A detail medical/health services screen will be used by residential medical staff to update current health issues, including maintenance health services, physicals, chronic health care needs, mental health issues and emergency health services provided. Testing administered by licensed psychologist or psychiatrist will record scores. HIV testing, counseling and results will be briefly recorded. Medical staff can view medical history and can add or maintain new health services information. No information may be deleted, but may be edited through corrections process.

4 REQUIREMENTS LIST

Note: items ending with a star *, are fields that are already in SWSS

MED-1. MODULE REQUIREMENTS:

- MED-1.1. Entry of medical information is limited to medical staff: nurse, Physicians, physician assistant, Psychiatrist and/or Psychologist
 - MED-1.1.1. Names and credentials of all medical staff are to be entered into each document
- MED-1.2. All dates entered for medical information cannot be in the future except for medication expiration dates and next annual exam due dates
- MED-1.3. Historical medical information can be viewed but cannot be changed
 - MED-1.3.1. Access to medical information is strictly limited and controlled by security
- MED-1.4. Medical passport information should be available for viewing by medical staff
- MED-1.5. Immunization history should be available for viewing by medical staff
- MED-1.6. All screens/forms must display first name, last name, gender, date of birth and/or age, and placement location on each screen including room/pod/cottage information

MED-2. Demographic Youth Information for all Medical out put documents and screens

- MED-2.1. Youth first name*
- MED-2.2. Youth middle name
- MED-2.3. Youth last name*
- MED-2.4. Date of Birth*
- MED-2.5. Gender*
- MED-2.6. Current Placement (Provider)*

- MED-2.6.1. Wing/Pod/Hall/Cottage
- MED-2.6.2. Admission (placement) date*
- MED-2.6.3. Admission (placement) time
- MED-2.7. Parent or Guardian Name*
- MED-2.7.1. Parent or Guardian Street Address*
- MED-2.7.2. Parent or Guardian City*
- MED-2.7.3. Parent or Guardian State*
- MED-2.7.4. Parent or Guardian Zip Code*
- MED-2.7.5. Parent or Guardian Phone Number

MED-3. Medical/Health Examination

- MED-3.1. Medical information cannot be entered if placement date and time have not been entered
 - MED-3.1.1. Physicals must be completed within 7 days of admission
 - MED-3.1.2. Dental exams must be completed within 90 days of admission for treatment facilities
 - MED-3.1.3. Youth with known psychological problems must see psychiatrist or psychologist within 7 days of admission
 - MED-3.1.4. Newly admitted youth must have medication prescriptions validated within 72 hours for treatment facilities
 - MED-3.1.4.1. Facility physicians must continue, change or stop prescription medication within 7 days for treatment facilities
- MED-3.2. Demographic Youth Information
 - MED-3.2.1. See MED-2
 - MED-3.2.2. Date Prior Medical Records Requested

- MED-3.2.2.1. Date Prior Medical Records Received
- MED-3.2.2.2. Date second request for Prior Medical Records Requested
- MED-3.2.2.3. Parental consent to treat youth received?
 - MED-3.2.2.3.1. If no, date first request for consent sent
 - MED-3.2.2.3.2. Date second request for consent sent
 - MED-3.2.2.3.3. Date JJS/Court contacted to provide consent for medical records
- MED-3.3. Type of Medical Evaluation (Initial, Annual, Office Visit, Release)*
 - MED-3.3.1. Date of Medical Evaluation *
 - MED-3.3.2. Time of Medical Evaluation
- MED-3.4. Name of Medical Personnel Completing Exam*
 - MED-3.4.1. Credentials of Medical Personnel completing exam (nurse, physician, etc)
- MED-3.5. Date of Last Medical Evaluation *
 - MED-3.5.1. Copy of last Medical Evaluation available?
- MED-3.6. Date of last Dental Exam*
- MED-3.7. Date of last Hearing Screening, if applicable*
- MED-3.8. Display of immunizations from MCIR
 - MED-3.8.1. Are immunizations up to date?
 - MED-3.8.1.1. Policy requires re-starting immunizations if information not available within 30 days of admission(placement)
 - MED-3.8.1.2. If no, start immunization series' again
- MED-3.9. Physical Findings (medical staff must be able to update this information)*
 - MED-3.9.1. Height*

- MED-3.9.2. Weight*
- MED-3.9.3. Hair Color*
- MED-3.9.4. Eye Color*
- MED-3.9.5. Build
- MED-3.9.6. Temperature
- MED-3.9.7. Respiration
- MED-3.9.8. Blood pressure (sitting)
- MED-3.9.9. Pulse (sitting)
- MED-3.9.10. Date of last vision exam?*
- MED-3.9.10.1. Wears Glasses?
 - MED-3.9.10.2. Has Glasses?
 - MED-3.9.10.3. Wears Contacts?
 - MED-3.9.10.4. Has Contacts?
 - MED-3.9.10.5. Any other vision problems?
- MED-3.9.11. Medical findings (short narrative by health services staff see Data elements)
- MED-3.10. Clinical Evaluation/Examination
 - MED-3.10.1. Each evaluation has a functional health index score associated with it (see data elements for listing of values)
 - MED-3.10.2. Evaluations include: Skin/Head; Eyes/Vision; Ears/hearing; Nose & Throat; Neck & Thyroid; Lungs; Abdominal; Muscular/skeletal; Nervous system; Gyn/Genitalia; and Dental
 - MED-3.10.3. Does Youth have allergies or food reactions?
 - MED-3.10.4. Hay fever, asthma or wheezing?

- MED-3.10.5. Eczema or frequent skin rashes?
- MED-3.10.6. Diabetes?
 - MED-3.10.6.1. Type I or Type II
 - MED-3.10.6.2. Controlled by Medication?
- MED-3.10.7. Convulsions or Seizures?
- MED-3.10.8. Frequent Colds, sore throats, earaches (4 or more per year)?
- MED-3.10.9. Shortness of breath?
- MED-3.10.10. Heart Trouble?
- MED-3.10.11. Trouble with passing urine or bowel movements?
- MED-3.10.12. Alcohol Abuse?
- MED-3.10.13. Menstrual problems?
- MED-3.10.14. Is youth pregnant? y/n
 - MED-3.10.14.1. Date of last menstrual period
 - MED-3.10.14.2. Expected Delivery Date?
 - MED-3.10.14.3. Date baby was delivered
- MED-3.10.15. Handicaps or special needs?
- MED-3.11. Medical Conditions Needing Follow Up?
- MED-3.12. Dental Conditions Needing Follow Up?
- MED-3.13. Medical Plan for Youth
- MED-3.14. Laboratory Tests
 - MED-3.14.1. Type of test Required (see data elements for drop down)
 - MED-3.14.2. Date of Laboratory Tests

MED-3.14.3. Laboratory test findings

MED-3.15. Signature of Medical Staff

MED-4. Medication Entry Screen

MED-4.1. Demographic Youth Information

MED-4.1.1. See MED-2

MED-4.1.1.1. Calculate and display current age

MED-4.2. Name of Medication

MED-4.2.1. Dosage

MED-4.2.2. Frequency

MED-4.2.3. Date Prescribed

MED-4.2.4. Prescribing Physician

MED-4.2.5. Prescription Number

MED-4.2.5.1. Is prescription refillable? y/n

MED-4.2.5.2. Number of Refills

MED-4.2.5.3. Number of Refills Remaining

MED-4.2.5.4. Date Last Filled

MED-4.2.6. Lab work required?

MED-4.2.7. Pharmacy Name

MED-4.2.7.1. Pharmacy Address

MED-4.2.8. Reason for Medication

MED-4.2.9. If newly admitted youth, was prescribing physician contacted to determine if prescription is valid?

MED-4.2.9.1. Date of contact

MED-4.2.9.2. Prescription valid? (y/n)

MED-4.2.9.3. Date medication reviewed by facility physician

MED-4.2.9.3.1. Name of facility physician reviewing medication prescription

MED-4.2.10. Date Discontinued, if applicable?

MED-4.2.10.1. Reason Discontinued

MED-4.2.11. Special Instructions

MED-4.2.12. Side effects experienced from medication

MED-4.2.13. Name of facility physician authorizing medication or continuation of this medication

MED-4.2.14. Is medication Psychotropic? If yes go to Med-5

MED-4.3. Any additional medications to enter? y/n

MED-4.3.1. Loop medication entry until worker says no more medications to enter

MED-5. Psychotropic Medication

MED-5.1. Demographic Youth Information

MED-5.1.1. See MED-2

MED-5.2. Parental consent received for medication? y/n

MED-5.2.1. if no, go to Med 6

MED-5.2.2. if yes, date consent received

MED-5.3. Medication Review Required

MED-5.3.1. If yes, create tickler for physician to review meds

MED-5.3.2. Date of Medication Review

MED-5.3.3. Parental consent received y/n?

MED-5.3.4. Date parental consent received

MED-5.3.5. Enter name of medical professional reviewing medication

MED-5.3.6. Date lab work completed

MED-5.3.7. Type of Lab work completed

MED-5.3.7.1. Name of person performing tests

MED-5.3.7.1.1. Credentials of person performing tests

MED-5.4. Any other medications needing review? y/n

MED-5.5. Medical personnel signature required

MED-5.5.1. Credentials of medical personnel reviewing medication

MED-6. HIV

MED-6.1. Demographic Youth Information

MED-6.1.1. See MED-2

MED-6.2. Pre-testing counseling offered?

MED-6.2.1. Date pre-testing counseling offered

MED-6.3. HIV test administered?

MED-6.3.1. Date HIV test administered

MED-6.4. Date Results received

MED-6.4.1. Results positive or negative

MED-6.4.2. If Positive, Has MI Department of Community Health been notified?

MED-6.4.2.1. Date health department notified

MED-6.5. Has Youth informed parents

MED-6.5.1. Date youth informed parents

MED-6.6. Post testing counseling offered

MED-6.6.1. Date post testing counseling offered

MED-6.7. Signature of Medical staff completing form

MED-7. Medication Parental Consent form/screen

MED-7.1. Demographic Youth Information

MED-7.1.1. See MED-2

MED-7.1.2. If youth 18 or over, did they give consent? y/n

MED-7.1.3. If youth under age 18, parental consent required

MED-7.1.3.1. Date first consent request sent to parent

MED-7.1.3.2. If consent not received within 10 days, date consent second request sent to parent

MED-7.1.3.3. Date parental consent received

MED-7.1.3.4. Consent received from which parent?

MED-7.1.3.5. If consent not received from parent within 30 days, enter date court asked for consent

MED-7.1.3.5.1. Name of court

MED-7.1.3.5.2. Name of person granting consent

MED-7.1.3.5.3. Date court granted/refused consent

MED-7.2. Create ticklers for JJS worker and residential staff to monitor receipt

MED-8. TASC Urinalysis & Swab Testing

MED-8.1. Demographic Youth Information

MED-8.1.1. See MED-2

MED-8.2. Enter cup number

MED-8.2.1. Date tested

MED-8.2.2. Tested for

MED-8.2.3. by laboratory name

MED-8.2.3.1. Laboratory address

MED-8.2.4. Individual results returned as positive are marked

MED-8.2.4.1. Results can be Swab Testing (alcohol); C100 (Marijuana); OPIA (Opiates); Heroin:
Amphetamines: Methamphetamines

MED-8.2.4.2. if marked positive, enter blood test level

MED-8.2.4.3. If marked positive, was test confirmed?

MED-8.2.5. Date Drug/Alcohol Assessment scheduled

MED-8.2.5.1. Assessment scheduled at (time)

MED-8.2.5.2. Date of ADAD Assessment (assessment of drug and alcohol dependency)

MED-8.2.5.3. Outcome of Assessment

MED-8.2.5.4. Juvenile or Parent refused testing?

MED-8.2.5.5. Comments by attending Staff

MED-8.2.5.6. Name(s) of attending Staff

MED-9. Medical/Mental Health Discharge Summary

MED-9.1. Demographic Youth Information

MED-9.1.1. See MED-2

MED-9.2. Enter Release Date*

MED-9.3. Released from (facility)*

MED-9.4. Enter released to:

MED-9.5. Youth received the following while in residence here:

MED-9.5.1. Tuberculin Skin Test

- MED-9.5.1.1. if checked, enter date tested
- MED-9.5.1.2. if checked, enter results
- MED-9.5.1.3. Chest x-ray completed? y/n
- MED-9.5.2. Physical Examination VDRL
 - MED-9.5.2.1. If checked, enter date of physical
 - MED-9.5.2.2. if checked, enter results
- MED-9.5.3. STD test
 - MED-9.5.3.1. if checked, enter date tested
 - MED-9.5.3.2. if checked, Identify actual tests done
 - MED-9.5.3.3. if checked, enter results of test(s)
- MED-9.5.4. Medical/Mental Health problems identified and treated while in residence
 - MED-9.5.4.1. if none, check none
 - MED-9.5.4.2. if problems identified, list problems
- MED-9.6. Follow up care is recommended with the following health care professionals (check all that apply)
 - MED-9.6.1. Medical doctor
 - MED-9.6.2. Psychiatrist
 - MED-9.6.3. Psychologist
 - MED-9.6.4. Therapist
 - MED-9.6.5. Dentist
 - MED-9.6.6. Other
 - MED-9.6.6.1. if checked, identify who/what other means
 - MED-9.6.7. Reasons for recommended follow up

MED-9.7. Medications at time of release

MED-9.7.1. Has medications

MED-9.7.1.1. Medication Name

MED-9.7.1.2. Amount of medication given

MED-9.7.1.3. General instructions

MED-9.7.2. Has prescription

MED-9.7.3. Given to

MED-9.8. Name of medical staff discharging youth

MED-10. Emergency Response

MED-10.1. Demographic Youth Information

MED-10.1.1. See MED-2

MED-10.2. Date of Emergency

MED-10.2.1. Time of Emergency

MED-10.3. Nature of Emergency

MED-10.4. Actions Accomplished

MED-10.4.1. Pick list: Dispatched Reaction Team; Dispatched First Responders; Called ambulance; Other

MED-10.5. Persons Notified

MED-10.6. Disposition of Emergency

MED-10.6.1. Pick list: Individual Hospitalized; Individual Treated at Site; Other

MED-10.7. If hospitalized

MED-10.7.1. Name of hospital

MED-10.7.2. Phone number of hospital

MED-10.7.3. Name of attending physician

MED-10.7.4. Was this hospitalization preventable?

MED-10.7.5. Patient current status?

MED-11. Clinical Case Note

MED-11.1. Note: used only by medical staff and not viewable by any other staff in system

MED-11.2. Demographic Youth Information

MED-11.2.1. See MED-2

MED-11.2.1.1. Current case manager or probation officer

MED-11.2.2. Current treatment or services receiving

MED-11.3. Reason for seeing youth?

MED-11.4. Observations

MED-11.5. Testing recommended or conducted

MED-11.6. Evaluation

MED-11.7. Name of therapist or medical staff completing clinical case note

MED-12. Clinical Battery Tests

MED-12.1. CAFAS Score Summary

MED-12.1.1. Demographic Youth Information

MED-12.1.1.1. See MED-2

MED-12.1.2. Enter Date Test Administered

MED-12.1.3. Select Period : Last month, last 3 months or other

MED-12.1.3.1. If other, identify other time period

MED-12.1.4. Enter rater name

MED-12.1.5. Select Assessment from list

- MED-12.1.5.1. Enter score for 5 scales Role Performance
- MED-12.1.5.2. Enter Score for School/work on 8 scales
- MED-12.1.5.3. Enter Score for Home on 8 scales
- MED-12.1.5.4. Enter score for community on 8 scales
- MED-12.1.5.5. Enter score for Behavior Towards others on 5 scales
- MED-12.1.5.6. Enter Behavior Toward Others in 8 scales
- MED-12.1.5.7. Enter score Moods/Emotions in 5 scales
- MED-12.1.5.8. Enter score Moods/Emotions in 8 scales
- MED-12.1.5.9. Enter score for self-harmful in 8 scales
- MED-12.1.5.10. Enter score for substance abuse in 5 scales
- MED-12.1.5.11. Enter score for Thinking in 5 scales
- MED-12.1.5.12. Enter score for Thinking in 8 scales

MED-12.1.6. Calculate total scores for all 5 scale entries

MED-12.1.7. Calculate total scores for all 8 scale entries

MED-12.1.8. Is scoring for primary caregiver

MED-12.1.8.1. if no, then enter other caregiver name

MED-12.1.9. Enter total score for material needs

MED-12.1.10. Enter total score for family/social support

MED-12.1.11. Identify Risk Behaviors

MED-12.1.11.1. Check all boxes or buttons that apply and scores ranges associated with them see data elements for list

- MED-12.1.12. Enter explanation of any scores that need additional identification
- MED-12.1.13. Check box to indicate total score on 5 scale (see data elements for ranges)
- MED-12.1.14. Check box to indicate total score on 8 scale (see data elements for ranges)
- MED-12.2. Million Adolescent Clinical Inventory (MACI)
 - MED-12.2.1. Demographic Youth Information
 - MED-12.2.1.1. See MED-2
 - MED-12.2.2. Enter Date Test Administered
 - MED-12.2.2.1. Enter time administered
 - MED-12.2.3. Enter Administering Staff Credentials (see data elements for list)
 - MED-12.2.4. Display all test Scales
 - MED-12.2.4.1. See data elements for list of all the different scales
 - MED-12.2.4.2. Enter BR Score for each test Scale
 - MED-12.2.5. Enter signature of person administering Test
- MED-12.3. MAYSII
 - MED-12.3.1. Demographic Youth Information
 - MED-12.3.1.1. See MED-2
 - MED-12.3.2. Enter Date Test Administered
 - MED-12.3.3. Each test will create two scores: SCORE and INV and will need to be entered
 - MED-12.3.3.1. Enter Scores for AD: Alcohol/Drug Use
 - MED-12.3.3.2. Enter Scores for AI: Angry/Irritable
 - MED-12.3.3.3. Enter Scores for DA: Depressed/Anxious
 - MED-12.3.3.4. Enter Scores for DC: Somatic Complaints

- MED-12.3.3.5. Enter Scores for SI: Suicide Ideation
- MED-12.3.3.6. Enter Scores for TD: Thoughts Disorder (boys)
- MED-12.3.3.7. Enter Scores for TE: Traumatic Experiences
- MED-12.3.4. Enter name of Administrator of test
 - MED-12.3.4.1. Enter credentials or title of administrator of test
- MED-12.4. Daniel Memorial
 - MED-12.4.1. Demographic Youth Information
 - MED-12.4.1.1. See MED-2
 - MED-12.4.2. Enter Date Test Administered
 - MED-12.4.3. Test Scales(see data elements for items 1-14)
 - MED-12.4.3.1. Each scale has a total number possible with a max possible of 90
 - MED-12.4.3.2. Enter total number correct for each scale
 - MED-12.4.3.3. Calculate percentage correct for each scale
 - MED-12.4.4. Calculate total number correct of all scores
 - MED-12.4.5. Calculate total percentage correct of all scores

MED-13. Medical Insurance Form (Third Party Liability Health Ins. Information)

- MED-13.1. Header information
 - MED-13.1.1. Youth name pre-fills from Child Module
 - MED-13.1.2. Current date automatically pre-fills
 - MED-13.1.3. DHS case number pre-fills, if available
 - MED-13.1.4. County of Jurisdiction pre-fills
 - MED-13.1.5. If a JJS worker is assigned, Specialist name and phone number pre-fills

MED-13.2. Policy holder #1 Information

- MED-13.2.1. Policy holder Name (Last, First and Middle), search to find from contacts or add a new name
- MED-13.2.2. Enter policy holder date of birth
- MED-13.2.3. Enter Name of Employer for Policy holder
- MED-13.2.4. Enter social security number for policy holder
- MED-13.2.5. Enter Employer City and State address
- MED-13.2.6. Enter Insurance Company Name
- MED-13.2.7. Enter Group/Policy Number
- MED-13.2.8. Enter Certificate or Contract Number
- MED-13.2.9. If Insurance is Blue Cross/Blue Shield, enter Service/Coverage code
- MED-13.2.10. Enter carrier ID number, if known
- MED-13.2.11. Enter coverage type, if known

MED-13.3. Recipient information

- MED-13.3.1. Youth name should automatically pre-fill
- MED-13.3.2. If youth has a Medicaid recipient id, it will pre-fill here automatically

MED-13.4. Policy Holder #2 Information

- MED-13.4.1. Policy holder Name (Last, First and Middle), search to find from contacts or add a new name
- MED-13.4.2. Enter policy holder date of birth
- MED-13.4.3. Enter Name of Employer for Policy holder
- MED-13.4.4. Enter social security number for policy holder
- MED-13.4.5. Enter Employer City and State address
- MED-13.4.6. Enter Insurance Company Name

MED-13.4.7. Enter Group/Policy Number

MED-13.4.8. Enter Certificate or Contract Number

MED-13.4.9. If Insurance is Blue Cross/Blue Shield, enter Service/Coverage code

MED-13.4.10. Enter carrier ID number, if known

MED-13.4.11. Enter coverage type, if known

MED-13.5. Recipient information will automatically re-populate this section as it does in MED 13-3, if a second policy holder is entered

MED-14. DATA EDITING REQUIREMENTS:

MED-14.1. Initial screening of youth

MED-14.1.1. All youth are evaluated by qualified trained staff to do initial screening of health problems and suicide risk at admission/intake or within 24 hours of placement admission

MED-14.1.1.1. MAYSII is one of the screening instruments used in treatment facilities, may be used in detention

MED-14.2. All youth entering either long term or short term (detention) residential placements must have physical within 7 days of admission

MED-14.2.1. And completed annually thereafter

MED-14.2.2. Credit tickler reminder for next physical

MED-14.2.3. youth must have release physical within 24 hours prior to release

MED-14.3. Psychiatric/psychological exams must be completed within 30 days for any youth with identified mental health issues

MED-14.4. Dental exams required within 90 days of admission for youth in treatment facilities

MED-14.4.1. Non-treatment facilities may also enter dental information

MED-14.4.2. Create tickler for annual exam

MED-14.4.3. Dental exams must be done annually thereafter*

MED-14.5. Youth transferring facilities and on medications must have medical review by licensed medical staff within 72 hours of admission

MED-14.5.1. Licensed medical staff must change or continue prescription

MED-15. OUT-OF-MODULE REQUIREMENTS:

MED-15.1. Demographic and child information from Child Module needs to be entered prior to medical information

MED-15.2. Placement information has to be entered prior to medical information

MED-15.3. Medical Passport Information may available

MED-15.4. Immunization information should be available

MED-15.5. Detention records created prior to entry of medical information

MED-16. OUTPUT REQUIREMENTS:

MED-16.1. Reports generated

MED-16.1.1. Residential Youth Health Exam

MED-16.1.1.1. Report lists all the youth within a specific date range at specific facility that have medical health exams due and the date

MED-16.1.1.2. Report calculates and identifies youth who have health exams that are late

MED-16.1.2. Residential Youth Medical Records

MED-16.1.3. Residential Youth Current Prescriptions

MED-16.1.4. Residential Youth Medication History

MED-16.1.5. Residential Medication Reviews Due

MED-16.1.6. Residential Medication Lab Work Due

MED-16.1.7. Medications Dispensed

5 EXAMPLE OUTPUT

6 DATA ELEMENT DESCRIPTIONS

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
<i>Demographic Information</i>					
Youth first name	Text box	Alpha 20	Required	all forms	V
Youth middle name	Text box	Alpha 20	Required	all forms	V
Youth Last Name	Text box	Alpha numeric 50	Required	all forms	V
Date of Birth	Date mm/dd/yyyy	Numeric 10	Required	all forms	V
Gender	Choice box Male or Female	Alpha 10	Required	all forms	V
Date Admitted	Date field mm/dd/yyyy	Numeric 10	Required	all forms	V
Current Placement	Provider placement-fills from assignment-text box	Alpha numeric 50	Required	all forms	V
Current location	Wing/pod/cottage/Hall Text field, will be assigned at placement pre-fills	Alpha numeric 50	Required	all forms	V
<i>Medical Health Examination</i>					
Parent or Guardian Name	Text box for first & Last Name	Alpha numeric 250	Conditional, if available		V
Parent or Guardian Street Address	Text box for street address	Alpha numeric 250	Conditional, if available		V
Parent or Guardian City	Text box for city	Alpha 50	Conditional, if available		V
Parent or Guardian State	Text box for state	Alpha 2	Conditional, if available		V
Parent or Guardian Zip Code	Text field for zip code xxxxx-xxxx	Numeric-10	Conditional, if available		V
Parent or Guardian Phone Number	Text field formatted as (xxx) xxx-xxxx	Numeric 15	Conditional, if available		V
Date Prior Medical Records Requested	Date mm/dd/yyyy	numeric 10	Required		V/E/U
Date Prior Medical	Date mm/dd/yyyy	Numeric 10	Required		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Records Received					
Date second request for medical records	Date mm/dd/yyyy	Numeric 10	Conditional		V/E/U
Type of Health Exam	Pick List: Initial, Annual or Release	Alpha	Required	Medical Forms and Reports	V/E/U
Date	Automatically fills with current date mm/dd/yyyy	Numeric 10	Required		V/E
Time	Military 24 hour time 00-24, enter hour and minute i.e. 18:40	Numeric 4	Required		V/E/U
Name of Medical Professional Completing Exam	Search system for name of professional, or allow dynamic entry to enter someone not in system or if SWSS only allows text box for entry of name	Alpha-80	Required		V/E/U
Date of Last Medical Exam	Date mm/dd/yyyy	Numeric 10	Conditional, if known		V/E/U
Date of Last Dental Exam	Date mm/dd/yyyy	Numeric 10	Conditional, if known		V/E/U
Date of Last Hearing Test	Date mm/dd/yyyy	Numeric 10	Conditional, if known		V/E/U
Date of Last Eye Exam	Date mm/dd/yyyy	Numeric 10	Conditional, if known		V/E/U
Copy of last physical available	Radio button yes or no		Required		V/E/U
Medications	Displays summary of medications entered on medication tracking screen. Summary display includes medication name, Psychotropic (Y/N), Prescription Number, Dosage, Refills left, Date Started, Date Ended. See detail entry below	Alpha numeric summation...	Conditional		V
Immunizations up to date?	Radio button yes or no	2	Required		V/E/U
Immunizations	Displays immunization summary Record from MCIR/SWSS		Required		V
Height	Display in Ft/In. Drop down for height or pre-fill from demographics but push back changes to field from here to demographics	Numeric-4	Required	Child Module	V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Weight	Display in Pounds/ounces. Drop down for weight from 0-500 pounds. Or Pre-fill from demographics but push any changes here back to child module	Numeric-4	Required	Child Module	V/E/U
Hair color	Text box or drop down with selections	Alpha 50	Optional	Child module	V/E/U
Eye color	Pre-fills from child module	Alpha 15		Child module	V
Build	Drop Down Box with selections limited to: Slender, Medium, Heavy	Alpha	Optional	Child Module	V/E/U
Temperature	Display in Fahrenheit as xxx.x	Numeric-6	Required		V/E/U
Respiration		Numeric	Required		V/E/U
Blood Pressure	Sitting, allow two fields for both upper and lower numbers xxx/xxx	Numeric-6	Required		V/E/U
Pulse	Sitting, allow	Numeric 2	Required		V/E/U
Wears Glasses	Radio button yes/no	Numeric 2	Required		V/E/U
Has Glasses	Radio button yes/no	Numeric 2	Required		V/E/U
Wears Contacts	Radio button yes/no	Numeric 2	Required		V/E/U
Has Contacts	Radio button yes/no	Numeric 2	Required		V/E/U
Vision Problems?	Radio button yes/no then text box to enter what youth is describing as problem	Numeric 2	Required		V/E/U
Medical Findings	Text box to allow identification of any ongoing requirements, needs and the youth's present health	Alpha numeric-5000	Required		V/E/U
Clinical Evaluation	This is a series of examinations with findings and the functional health index applied to each.				V/E/U
Examinations are individually listed as Skin/Head; Eyes/Vision; Ears/Hearing; Nose & Throat; Neck/Thyroid; heart; lungs; abdomen; muscular/skeletal; nervous system; gyn/genitalia and	Each examination area has an associated text box for Findings. Each text box has to accept alphanumeric characters and be approximately 1500 char long. Secondly a drop down box with the Functional health index associated with the examination and findings. Functional Health Index drop down is: 1. Normal development, No impairment 2. Minor Impairment 3. Significant Impairment 4. Marked impairment 5 Major, near total disability	Alpha numeric-1500 Drop down box is a list of alpha numeric items #1-5	Required		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Dental	Essentially three items that are related to each other. Each examination will have own text box and index				
Allergies or food reactions	Text field to document or yes/no option	Alpha numeric 1500	Optional		V/E/U
Hay fever, asthma or wheezing	Text field to document or yes/no option	Alpha numeric 1500	Optional		V/E/U
Eczema or frequent skin rashes	Text field to document or yes/no option	Alpha numeric	Optional		V/E/U
Diabetes	Text field to document or yes/no option	Alpha numeric	Optional		V/E/U
Type I or Type II	Identify type	Alpha numeric	Conditional, if diabetic		V/E/U
Diabetes controlled by medication	Yes/no	2	Conditional, if diabetic		V/E/U
Convulsions or Seizures	Text field to document or yes/no option	Alpha numeric	Optional		V/E/U
Frequent colds, sore throats, ear aches	Text field to document or yes/no option	Alpha numeric	Optional		V/E/U
Shortness of breath	Text field to document or yes/no option	Alpha numeric	Optional		V/E/U
Heart trouble	Text field to document or yes/no option	Alpha numeric	Optional		V/E/U
Trouble passing urine or bowel movements	Text field to document or yes/no option	Alpha numeric	Optional		V/E/U
Alcohol Abuse	Text field to document or yes/no option	Alpha numeric 1500	Optional		V/E/U
Menstrual problems	Text field to document or yes/no option	Alpha numeric	Optional		V/E/U
Is Youth Pregnant	Text field yes/no answer	Alpha numeric 3	Optional		V/E/U
If above is yes, date of last	Text field for date mm/dd/yyyy	Alphanumeric 10	Conditional		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
menstrual period?					
Expected Delivery Date	Text field for date in future mm/dd/yyyy	Alphanumeric 10	Conditional		V/E/U
Date baby delivered	Text field for date of delivery mm/dd/yyyy cannot be a date in the future	Alpha numeric 10	Conditional		V/E/U
Handicaps/Special Needs	Text field to document or yes/no option	Alpha numeric 1500	Optional		V/E/U
Active Medical Conditions	Text field to document	Alpha numeric 1500	Optional		V/E/U
Active Dental Conditions	Text field to document	Alpha numeric 1500	Optional		V/E/U
Medical Plan	Text field to document what plans are needed for youth health	Alpha numeric 5000	Optional		V/E/U
Physician Signature/Date	Text field or dynamic entry	Alpha numeric 300	Required		V/E/U
Laboratory Tests	Each lab test has an associated date field and findings text box. Tests are: TB Skin/PPD; Urine; C.B.C.; SMAC; Pap Smear; VDRL; Gonorrhea; Chlamydia: and Other with Text box to enter	Alpha numeric for text fields and numeric for date fields	Conditional. Date and Findings required for each lab test done, but lab tests are not required to be done	Laboratory Tests	V/E/U
<i>Medication Entry Screen</i>					
Inset youth demographic information here					V
Date	Current date mm/dd/yyyy	Numeric 10	Required		V/E/U
Medication/Prescription	Name of Medication, can be generic	Alpha numeric 300	Required		V/E/U
Dosage	How much	Alpha numeric 300	Required		V/E/U
Frequency	How often	Alpha numeric	Required		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
		300			
Date Prescribed	Date field mm/dd/yyyy	Numeric 10	Required		V/E/U
Prescribing Physician	Text Field for Physician Name	Alpha Numeric 250	Required		V/E/U
Date Discontinued	Date field mm/dd/yyyy	Numeric 10	Conditional, only fill in if discontinued		V/E/U
Reason Discontinued	Text field	Alpha numeric 500	Conditional, only if discontinued		V/E/U
Prescription Number	Text Field	Alpha Numeric 25	Required		V/E/U
Refills	Drop down with numbers 0-25	Numeric 3	Required		V/E/U
Number of Refills Left	Drop down with numbers 0-25	Numeric 3	Required		V/E/U
Date last filled	Date field mm/dd/yyyy	Numeric 10	Required		V/E/U
Lab Work Required	Radio button yes/no	2	Required		V/E/U
Pharmacy Name & Phone Number	Text field for name/phone number	Alpha numeric 250	Required		V/E/U
Pharmacy Address	Text Field	Alpha numeric 500	Optional		V/E/U
Reason for Medication	Text Field	Alpha numeric 1500	Required		V/E/U
Special instructions	Text Field	Alpha numeric 1500	Conditional, if there are special instructions		V/E/U
Side Effects experienced from Medication	Text box	Alpha numeric 2500	Conditional, if there are side effects		V/E/U
<i>Psychotropic Medication</i>					
Insert youth demographics here					V
Is Medication a Psychotropic	Radio button yes/no	2	Required		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Medication	If button is yes, then Lab work required becomes yes				
Date of Med Review	Date field mm/dd/yyyy	Numeric 10	Required		V/E/U
Reviewed by	Dynamic entry/search or text field for name to be entered	Alpha numeric 250	Required		V/E/U
Date Lab Work Completed	Date field mm/dd/yyyy	Numeric 10	Required		V/E/U
Type of Lab Work	Drop down with these selections: Baseline blood screening; complete blood count; white blood cell count; serum creatine; thyroid function tests, other blood test; and Hepatatic Function Tests		Required		V/E/U
Immunizations	Information stored in MCIR and available to residential medical staff for both view and update capabilities				V/E/U
<i>HIV Information Screen</i>					
Insert youth demographics here					V
Pre-Testing Counseling	Radio Button yes/no Date offered mm/dd/yyyy	2 numeric 10			V/E/U
HIV Test Administered	Radio Button yes/no Date tested mm/dd/yyyy	2 numeric 10			V/E/U
HIV Test Results	Radio Button positive/negative Date received mm/dd/yyyy	2 numeric 10			V/E/U
If HIV results positive, has it been reported to MI Department of Community Health	Radio Button yes/no Date reported mm/dd/yyyy	2 numeric 10	Conditional, if HIV is positive only		V/E/U
If yes, has youth informed parents	Radio Button yes/no Date parents informed mm/dd/yyyy	2 numeric 10	Conditional, if HIV is positive only		V/E/U
Post testing counseling	Radio Button yes/no Date offered mm/dd/yyyy	2 numeric 10	Conditional, if HIV is positive only		V/E/U
Signature of	Text box	Alpha numeric	Required		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
person completing form		300			
<i>Parental consent form/screen</i>					
Insert youth demographics here					V
Date Requested Parent 1	Date field mm/dd/yyyy	Numeric 10	Required		V/E/U
Date Requested Parent 2	Date field mm/dd/yyyy	Numeric 10	Required		V/E/U
Date Parental consent Received	Date field mm/dd/yyyy	Numeric 10	Required		V/E/U
Consent Received from Whom:	Text Field for parent name	Alpha Numeric 250	Required		V/E/U
<i>TASC Urinalysis & Swab Testing</i>					
Insert youth demographics here					V
Cup Number	Text Field for cup number	Numeric-35	Required		V/E/U
Date Tested	Date field mm/dd/yyyy	Numeric 10	Required		V/E/U
Tested for:	Text Field for testing	Alpha numeric 300	Required		V/E/U
By (laboratory name)	Text Field for Laboratory name	Alpha numeric-250	Required		V/E/U
Lab Address	Text Field for Lab Address	Alpha numeric 1500	Optional		V/E/U
AOD:	Individual results identified with results radio button to mark positive...Results are: Swab Testing (alcohol); C100(Marijuana); COC(Cocaine); OPIA(Opiates); Heroin; Amphetamines; Methamphetamines For each identified test, those marked positive can have blood level text box and a confirmed radio button y/n. Text box	Radio button - 1 Text box-150 Radio button 2	Conditional, only those items that are positive need be marked or addressed		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Scheduled Drug/Alcohol assessment on	Date field mm/dd/yyyy	Numeric 10	Conditional		V/E/U
Assessment at	Text field for location for assessment	Alpha numeric 250	Conditional		V/E/U
Date of ADAD Assessment	Date field mm/dd/yyyy	Numeric 10	Conditional		V/E/U
Outcome	Text field for outcomes	Alpha numeric 250	Conditional		V/E/U
Comments	Text field	Alpha numeric 1500	Optional		V/E/U
Juvenile/Parent refused testing	Radio button y/n	2	Required		V/E/U
Name of attending staff	Text box to list attending staff i.e. JJS, Probation Officer, Program Manager, Clinical Staff, Group Leader	Alpha numeric 1500	Required		V/E/U
<i>Medical/Mental Health Discharge Summary</i>					
Insert youth demographics here					V
Release date	Date field mm/dd/yyyy	Numeric 10	Required		V/E/U
Released From (provider)		Alpha numeric 50	Required		V/E/U
Released to	Text field to enter name of person or facility youth released to	Alpha numeric 75	Required	Treatment plan termination form	V/E/U
Lists what youth received while in residence and follow up care recommended	Radio Button TB Skin Test	1	Conditional		V/E/U
	Date field mm/dd/yyyy for test	numeric 10	Conditional		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
	Results—text field for results	alpha numeric 250	Conditional		V/E/U
Physical Examination	Radio button select	1	Conditional		V/E/U
	VDRL Date mm/dd/yyyy	numeric 10	Conditional		V/E/U
	Results text box	alpha numeric 2000	Conditional		V/E/U
STD (Test, Date, Results	Radio button select	1			V/E/U
	Test Date mm/dd/yyyy	numeric 10	Conditional		V/E/U
)	Results text box	Alpha numeric 1500	Conditional		V/E/U
Medical/mental health problems identified and treated while in residence	Check box/radio button y/n	1			V/E/U
Follow up care recommended with following health professional	Check boxes/radio buttons....can check all. Categories: MD; Psychiatrist; psychologist; therapist; dentist; other		Optional		V/E/U
Reason for recommended follow up	Text Box	Alpha numeric 1500	Conditional, entry if above check boxes are checked		V/E/U
Medications given at time of release	Text box identifying which medications are being released with youth	Alpha numeric 2500			V/E/U
Medications given to	Text box identifying person who was given medications for youth	Alpha numeric 500	Conditional		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Discharging Medical Staff	Text box identifying name of person discharging youth	Alpha numeric 500	Required		V/E/U
<i>Emergency Response</i>					
Insert youth demographics here					V
Date	Enter date of emergency as date field mm/dd/yyyy	Numeric 10	Required		V/E/U
Time	Enter time of emergency as xx.xx.xx	Numeric 6	Required		V/E/U
Nature of Emergency	Text box identifying the nature of the emergency	Alpha numeric 1000	Required		V/E/U
Actions Taken	Drop down box with these selections: Dispatched Reaction Team; Dispatched first responders; Other-→	Alpha numeric 250	Required		V/E/U
Person(s) notified	Text box identifying who was notified of emergency	Alpha numeric 1000	Optional		V/E/U
Disposition of emergency	Drop down box with these selections: Individual Hospitalized, Individual Treated at Site, Other→	Alpha numeric 250	Required		V/E/U
If hospitalized, name of hospital	Text box with name of hospital	Alpha numeric 1000	Conditional, if hospitalized		V/E/U
Hospital phone number	Phone number of hospital xxx-xxx-xxxx format	Numeric 10	Conditional, if hospitalized		V/E/U
Attending physician	Text box with name of attending physician	Alpha numeric 500	Conditional, if hospitalized		V/E/U
Was this hospitalization preventable	Radio button y/n	2	Required		V/E/U
Patient Status	Text box for updates on patient status	Alpha numeric 1500	Conditional, if hospitalized		V/E/U
<i>Clinical Case Note</i>					
Insert youth demographics here					V
Reason for seeing youth	Text box for reasons	Alpha numeric 2000	Required		V/E/U
Observations	Text box for reasons	Alpha numeric 2000	Required		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Testing	Text box to record recommended testing and/or refusal for testing	Alpha numeric 2000	Optional		V/E/U
Evaluation	Text box to record recommendations and follow up evaluations	Alpha numeric 5000	Required		V/E/U
Therapist	Text box or dynamic entry of name of therapist and credentials	Alpha numeric 500	Required		V/E/U
Clinical Battery Tests	Conducted by Psychologist or Psychiatrists with youth, test results/scores are recorded here				
Insert youth demographics here	All test scores have demographic headers identifying youth on each of them				V
--CAFAS Score Summary	Designed as a measure of functional status and should not be used as the sole criterion for determining any clinical decision, including need or eligibility for services, intensity of services, or dangerousness to self/others				
Enter Date Administered	Date Field mm/dd/yyyy	Numeric 10	Required		V/E/U
Select Period	Drop down box with selections as: Last Month, Last 3 months and Other		Required		V/E/U
If selection is other	Text box for identification of other time period	Alpha numeric 50	Conditional, if previous selection is other		V/E/U
Enter Rater Name	Pre-fills with name of person doing input, but can be edited	Alpha numeric 200	Required		V/E/U
Select Assessment	Pick list with these selections: Intake screening; 3 month; 6 month; 9 month; 12 month; 15 month; 18 month; 21 month; 24 month & Exit from Services		Required		V/E/U
Enter score for 5 scales Role Performance	Highest of subscale scores in 5 scales section for Role Performance	Numeric 3	Required	Total for youth on 5 scales	V/E/U
Enter Score for School/work on 8 scales	Score for school/work in 8 scales	Numeric-3	Required	Total for youth on 8 scales	V/E/U
Enter Score for	Enter total for Home in 8 scales	Numeric -3	Required	Total for youth	V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Home				on 8 scales	
Enter Score for Community	Enter total for Community in 8 scales	Numeric-3	Required	Total for youth on 8 scales	V/E/U
Enter score Behavior toward others	Enter total for Behavior Toward Others in 5 Scales	Numeric -3	Required	Total for youth on 5 scales	V/E/U
Enter score behavior toward others	Enter total for Behavior Toward Others in 8 Scales	Numeric -3	Required	Total for youth on 8 scales	V/E/U
Enter score Moods/Emotions	Enter the higher of the subscale scores in 5 scales	Numeric -3	Required	Total for youth on 5 scales	V/E/U
Enter score for Moods/Emotions	Enter the higher of the subscale scores in 8 scales	Numeric -3	Required	Total for youth on 8 scales	V/E/U
Enter score for self-harmful behavior	Enter total for self-harmful behavior in 8 scales	Numeric -3	Required	Total for youth on 8 scales	V/E/U
Enter score for substance use	Enter total for substance use score in 5 scales	Numeric -3	Required	Total for youth on 5 scales	V/E/U
Enter score for substance use	Enter total for substance use score in 8 scales	Numeric -3	Required	Total for youth on 8 scales	V/E/U
Enter score for Thinking	Enter total score for Thinking in 5 scales	Numeric-3	Required	Total for youth on 5 scales	V/E/U
Enter score for Thinking	Enter total score for Thinking in 8 scales	Numeric-3	Required	Total for youth on 8 scales	V/E/U
Calculate total for 5 scales	Calculate total of all the scores entered in the 5 scales area	Numeric -3			V/E/U
Calculate total for 8 scales	Calculate total of all the scores entered in the 8 scales area	Numeric 3			V/E/U
Select if scoring is for primary caregiver	Radio button yes or no	2	Required		V/E/U
If radio button is not, enter other caregiver name	Text box to enter other caregiver name	Alpha numeric 75	Conditional		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Enter score for material needs	Enter total score for material needs	Numeric 3	Required		V/E/U
Enter score for family/social support	Enter total score for family/social support	Numeric 3	Required		V/E/U
Identify Risk behaviors (items endorsed which suggest risk to youth or others	Can be check boxes or radio buttons that will allow multiple selections. This is the list of behaviors and scores ranges associated with them Self-Harm: Moods (119); Self-Harm (142-148) Aggression: School(304); Home (43); Community (68); Behavior (89) Sexual Behavior: Community (69, 77); (Behavior 90) Fire Setting: Community (71, 78) Runaway Behavior: (48-54) Psychotic or Organic Symptoms in the context of severe impairment (182-186) Severe Substance Use (154-164) Caregiver Resourcefulness: Youth needs far exceed resource (211-221) or (289-299)		Required		V/E/U
Explanation	Text box, to allow explanation of any scores that need additional identification	Alpha numeric 5000	Optional		V/E/U
Check box to indicate total scores	Calculated total score for youth, check the box for range Ranges identified on 5 scale as: 0-10 Youth exhibits no or minimal impairment 20-30 Youth likely can be treated on an outpatient basis, provided risk behaviors are not too much 40-60 Youth may need additional services beyond outpatient services 70-80 Youth like needs care which is more intensive than outpatient and/or which includes multiple sources of supportive care 90-UP Youth like needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family		Required		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
	and the community.				
Check box to indicate total scores	Calculated total score for youth, check the box for range Ranges identified on 8 scale as: 0-10 Youth exhibits no or minimal impairment 20-40 Youth likely can be treated on an outpatient basis, provided risk behaviors are not too much 50-90 Youth may need additional services beyond outpatient services 100-130 Youth like needs care which is more intensive than outpatient and/or which includes multiple sources of supportive care 140-UP Youth like needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family and the community.				V/E/U
--Million Adolescent Clinical Inventory (MACI)					
Date test administered	Date field mm/dd/yyyy	Numeric 10	Required		V/E/U
Time administered	Military time 24 hour clock xx:xx	Numeric 5	Required		V/E/U
Administering Staff Credentials	Drop down or pick list with the following: Licensed Health Care Professional; Trained Staff; Other		Required		V/E/U
Test Scales	Display all test Scales and allow entry of numeric score. Scales are: Disclosure; Desirability; Debasement; Introversive; Inhibited; Doleful; Submissive; Dramatizing; Egotistic; Unruly; Forceful; Conforming; Oppositional; Self-Demeaning; Borderline Tendency; Identity Diffusion; Self-Devaluation; Body Disapproval; Sexual Discomfort; Peer Insecurity; Social Insensitivity; Family Discord; Childhood Abuse; Eating Dysfunction; Substance Abuse Prone; Delinquent Predisposition; Impulse Propensity; Anxious Feelings; Depressive Affect; and Suicidal Tendency	Display Scales	Required		V/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
BR scores	Numeric code related to each of the above Scales. Each Scale should have one number assigned to each.	Numeric 5	Required		V/U
Signature of Person Administering Test	Text field	Alpha numeric 150	Required		V/E/U
--Maysii	Maysii Scoring done for each youth at intake to determine suicidal tendencies				
Date Administered	Date field mm/dd/yyyy	Numeric 10	Required		V/E/U
AD: Alcohol/Drug Use	Drop down boxes for two scores: Score and INV each has a values of 0-8	Numeric	Required		V/E/U
AI: Angry/Irritable	Drop down boxes for two scores: Score and INV each has a values of 0-9	Numeric	Required		V/E/U
DA: Depressed/Anxiou s	Drop down boxes for two scores: Score and INV each has values of 0-9	Numeric	required		V/E/U
SC: Somatic Complaints	Drop down boxes for two scores: Score and INV each has values of 0-6	Numeric	Required		V/E/U
SI: Suicide Ideation	Drop down boxes for two scores: Score and INV each has values of 0-5	Numeric	Required		V/E/U
TD: Thoughts Disorder (Boys)	Drop down boxes for two scores: Score and INV each has values of 0-5	Numeric	Required		V/E/U
TE: Traumatic Experiences	Drop down boxes for two scores: Score and INV each has values of 0-5	Numeric	Required		V/E/U
Administrator Signature	Text field for name of administrator	Alpha numeric 150	Required		V/E/U
--Daniel Memorial					
Date Administered	Date field mm/dd/yyyy	Numeric 10	Required		V/E/U
Test Scales	Test Scales are: 1. Money Management/Consumer Awareness; 2. Food Management; 3. Personal Appearance; 4. Health; 5. Housekeeping; 6. Transportation; 7. Educational Planning; 8. Job Seeking Skills; 9. Job Maintenance Skills; 10. Emergency and Safety Skills; 11. Knowledge of Community Resources; 12. Interpersonal Skills; 13.				V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
	Legal Skills; 14 Housing				
Scoring	<p>Each Scale will have a number correct for each of them. The Scales have defined Number Possible and Calculate a Percentage Correct for each</p> <p>#1 number possible 8 #2 number possible 4 #3 number possible 3 #4 number possible 11 #5 number possible 5 #6 number possible 5 #7 number possible 5 #8 number possible 8 #9 number possible 9 #10 number possible 7 #11 number possible 5 #12 number possible 8 #13 number possible 7 #14 number possible 5</p> <p>items #1-14 should have a max possible score of 90 After administrator enters in the number correct for each area, a percentage correct should be calculated in XX.XX% format</p>	Numeric 2			V/E/U
Total Correct	Numeric field that calculates total number correct of all scores and then calculates total percentage correct	Numeric 10			V
<i>Medical Insurance Form</i>					
Youth Name	Pre-fills youth first, last and middle name	Alphanumeric 80	Required	Insurance form	V
Current date	Text field for current date and automatically fills	Alphanumeric 10	Required		V
DHS case number	If one is available, will pre-fill here	Alphanumeric 15	Conditional		V
County of Jurisdiction	County code pre-fills here	Numeric 2	Required		V
JJS worker name	If a JJS worker is assigned, the name of the worker	Alphanumeric	Conditional		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
	will pre-fill here	80			
JJS worker phone number	If a JJS worker is assigned, the phone number will pre-fill here or is updated here	Numeric 12	Conditional		V/E/U
Policy Holder Name	Last, First and Middle name is searched for as a contact or entered here	Alpha numeric 90	Required		V/E/U
Policy holder Date of Birth	Enter DOB for policy holder mm/dd/yyyy	Numeric 12	Required		V/E/U
Policy holder name of employer	Enter name of employer for policy holder...text field	Alphanumeric 90	Required		V/E/U
Social Security Number for Policy Holder	Enter social security number for policy holder	Numeric 11	Required		V/E/U
Employer City and State	Enter City and State for Employer text field	Alphanumeric 250	Optional		V/E/U
Name of Insurance Company	Enter name of insurance company	Alpha numeric 200	Required		V/E/U
Group/Policy Number	Enter Group or Policy number	Alpha numeric 50	Required		V/E/U
Certificate or Contract Number	Enter certificate or contract number here	Alpha numeric 50	Required		V/E/U
BC/BS Service/Coverage code	If insurance is Blue Cross/Blue Shield the Service/Coverage code is entered here	Alpha numeric 50	Conditional		V/E/U
Carrier ID number	Enter carrier id number here if known	Alphanumeric 50	Optional		V/E/U
Coverage Type	Enter coverage type if known	Alpha numeric 50	Optional		V/E/U
Recipient (youth) Name	Name of youth automatically pre-fills here	Alphanumeric 80	Required		V
Medicaid recipient Id	IF youth has Medicaid, the recipient id will pre-fill here	Numeric 12	Conditional		V
Policy holder #2 Name	If there is a second carrier of insurance for this youth, the second parent or policy holder is entered here last name, first and middle	Alpha numeric 200	Conditional		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Policy holder Date of Birth	Enter DOB for policy holder mm/dd/yyyy	Numeric 12	Required		V/E/U
Policy holder name of employer	Enter name of employer for policy holder...text field	Alphanumeric 90	Required		V/E/U
Social Security Number for Policy Holder	Enter social security number for policy holder	Numeric 11	Required		V/E/U
Employer City and State	Enter City and State for Employer text field	Alphanumeric 250	Optional		V/E/U
Name of Insurance Company	Enter name of insurance company	Alpha numeric 200	Required		V/E/U
Group/Policy Number	Enter Group or Policy number	Alpha numeric 50	Required		V/E/U
Certificate or Contract Number	Enter certificate or contract number here	Alpha numeric 50	Required		V/E/U
BC/BS Service/Coverage code	If insurance is Blue Cross/Blue Shield the Service/Coverage code is entered here	Alpha numeric 50	Conditional		V/E/U
Carrier ID number	Enter carrier id number here if known	Alphanumeric 50	Optional		V/E/U
Coverage Type	Enter coverage type if known	Alpha numeric 50	Optional		V/E/U
Recipient (youth) Name	Name of youth automatically pre-fills here	Alphanumeric 80	Required		V
Medicaid recipient Id	IF youth has Medicaid, the recipient id will pre-fill here	Numeric 12	Conditional		V

7 HELP MESSAGES

7.1 Section/Module-level Help(*screen error messages*)

- Medical information cannot be entered if placement date and time have not been entered

7.2 Context-Sensitive Help(*Detail help*)

- If immunizations are not received from parents/guardians/health department/school etc., the health provider must begin immunizations if records are not received within 30 days
- If psychotropic medication button checked yes, then lab work is required for each medication being reviewed
 - Psychotropic medication must be reviewed by prescribing physician at least every 30 days
- All youth will have a complete physical by a licensed medical professional within 7 days of admission to facility
 - Treatment staff must have a dental exam within 90 days of admission to facility
- Newly admitted youth having prescription medication in possession, medical staff must call prescribing physician within 72 hours to determine validity of prescription
 - Facility physician must determine within 7 days to continue, stop or change prescription medication
- Pregnant youth must be tested for Hepatitis B
- If youth is pregnant, estimated due date must be entered

7.3 Field-Level Help

Field	Message
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8 MODULE DEPENDENCIES

What data must be entered in other modules before this module can be used?

- Child Module:
 - Name
 - Date of Birth
 - Gender
- Placement Module:
 - Date/Time of Admission
 - Provider Placement (need to add wing, hall, building, pod, room location)
- Medical Passport
 - Basic Medical History
 - Immunizations
 - On-going medications
 - Other information concerning the youth's physical and mental health

What changes in data within other modules affect this module?

- Insurance information Third Party Codes, does not appear to be within SWSS at this time
- Placement data
- Legal Status

9 SCENARIOS

10 TEST PLANS

11 SOURCE MATERIAL

12 OUTSTANDING ISSUES

Changes to be added to SWSS Modules to support Medical Module

1. Placement module in SWSS needs to have room, pod, hall, wing or building/cottage added to the provider placement so that exact placement for each youth is tracked
- 2.

13 TICKLERS IDENTIFIED

- Youth must have physical within 7 days of placement/admission
- Next due annual physical
- Next due dental exam
- Next due medication review and/or psychotropic medication review
- Psychotropic medications must be reviewed at least every 30 days
- Within 30 days of admission, if immunization record not available, shots must be re-started
- If youth is pregnant, ticker entry needed with estimated due date

Attachment A: